M. GALE LEMMON #4363 Assistant Attorney General MARK L. SHURTLEFF #4666 Attorney General Attorneys for Utah Insurance Department State Office Building, Room 3110 Salt Lake City, UT 84114 Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

DEFAULT AND DEFAULT ORDER

UTAH STATE INSURANCE DEPARTMENT

RESPONDENT:

KRISTIA MADISON BARROW 15220 Vasko Road Silverhill, LA 36576 License No. 264459 Docket No. _2008-051-LC_

Enf. Case No. _2204_

DEFAULT

On Tuesday, August 12, 2008 at the hour of 9:00 a.m., the date and time set for the hearing on an Order to Show cause issued on July 29, 2008, the Complainant appeared by and through its counsel, M. Gale Lemmon, Assistant Attorney General. The Respondent did not appear either in person or through counsel. Therefore, pursuant to Utah Code Annotated § 63G-4-209, the Default of the Respondent is hereby entered.

DATED this $\frac{12}{\text{day of }} \frac{\text{day of }}{\text{day of }} \frac{\text{do } 50.5 \, \text{f}}{\text{day of }}$, 2008.

D. KENT MICHIE INSURANCE COMMISSIONER

MARK É. KLEINFIELD Esq.

Presiding Officer

Utah Department of Insurance State Office Building, Room 3110

Salt Lake City, Utah 84114 Telephone (801) 538-3800

DEFAULT ORDER

The Default of the Respondent having previously been entered, the presiding officer hereby adopts the allegations in the Motion for Order to Show Cause as his Findings of Fact and Conclusions of Law, and enters the following Order:

IT IS HEREBY ORDERED:

- 1. The insurance license of the Respondent, Kristia Madison Barrow, is hereby revoked forthwith.
 - 2. Respondent shall immediately cease doing any insurance business in the State of Utah.

NOTIFICATION

Respondent is hereby notified that failure to abide by the terms of this Order may subject her to further penalties, including additional forfeitures of up to \$5,000.00 per violation and the filing of an action to enforce this Order in the District Court which may impose penalties of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 12 day of 40505t , 2008.

D. KENT MICHIE INSURANCE COMMISSIONER

MARK É. KLEINFIELD, Ésq.

Presiding Officer

Utah Department of Insurance State Office Building, Room 3110

Salt Lake City, Utah 84114 Telephone (801) 538-3800

CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

DEFAULT AND DEFAULT ORDER

To the following:

Kristia Barrow 15220 Vasko Road Silverhill, LA 36576

DATED this 12th day of August, 2008.

Angie Thomas

Court Clerk

Utah Department of Insurance State Office Building, Room 3110 Salt Lake City, UT 84114-6901